

# 罕見的雙側乙狀竇前移併單側乳突骨缺失－病例報告

## Unusual Anterior Course of Bilateral Sigmoid Sinuses with Dehiscence of Left Mastoid Bone – Case Report

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### 摘要

人體血管的走向及分支有許多的變異，顛骨中的血管亦是如此，本院於1999年歷一個個案，1名43歲女性經診斷為左側慢性中耳炎，於術中發現了罕見的血管變異，它是腦部靜脈竇（乙狀竇）的走向變異，更特別的是它直接走到了皮膚底下，和皮膚之間那層保護的頭骨缺損。電腦斷層攝影檢查，發現右側乙狀竇也有前移的現象，不過仍有顛骨保護。乙狀竇是腦部血液引流的重要通道，當有外傷造成乙狀竇的缺損，可以用膠原纖維封住破洞，可是當乙狀竇是走在皮下時，如果手術者沒有事先就已得知，或不曾把它列為可能會有的變異之鑑別診斷，而只是當作是皮下的血管，當其受到傷害而破損出血時，有可能就會直接用單極電燒去止血，這就會使得破洞越燒越大，而造成不可收拾的局面。提出此一罕見病例供各位耳鼻喉科醫師參考；在進行耳科手術時，如遇到大出血或出血點越是電燒出血越大時，要考慮乙狀竇異位的可能性，乙狀竇也有可能沒有乳突骨的保護而直接走在皮膚之下

### Abstract

There are variations in the human organs, and there are even more variations in the courses and branches of the vessels. We had a 43-year-old female diagnosed as left chronic otitis media in 1999. During the operation, we found the unusual vessel variation in the sigmoid sinus. The more peculiar is that the course is directly subcutaneous and the bone lying under the skin for protection the sinus disappeared. The sigmoid sinuses are significant pathways where the blood supply for the brain would go through. When there is a dehiscence of the sigmoid sinus caused by an external wound, the dehiscence can be sealed by microfibrillar collagen. However, when the sigmoid sinuses are subcutaneous and injured by damage, the dehiscence will be bigger and bigger. The event will end up with a disaster if a surgeon who is not aware of the variation before the operation or does not take the variation as a diagnosis tries to use a monopolar electrocautery to stop the bleeding.

The rare case is provided for all the otolaryngologists' reference-the variation of the sigmoid sinuses which could be subcutaneous without the protection of the mastoid bones. The possibility should be born in mind when there is massive bleeding or the bleeding site is bigger and bigger while we are using electrocauterization